

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

MAR 01 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-10089
Date:	6-1-2022
Amount Paid:	\$144 3-14-22 Res Acc Build Fee
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: NAMA KADON LLC		Mailing Address: E7377 CALLOWAY		City/State/Zip: KEDOSBULL, WI		Telephone: 608-393-1990		Cell Phone:	
Address of Property: 45890 COUNTY HWY D		City/State/Zip: CABLE, WI 54821		Contractor Phone: 320-679-3438		Plumber:		Plumber Phone:	
Contractor: SHERMAN BUILDINGS		Agent Phone: 715-580-0157		Agent Mailing Address (include City/State/Zip): 14295 MCNUGAT RD CABLE, WI 54821		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) KARL KOSTLOSKY		Tax ID# 24301		Recorded Document: (Showing Ownership) 2018 570280					
PROJECT LOCATION NE 1/4, NE 1/4	Legal Description: (Use Tax Statement)	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:
Section 2	Township 13 N, Range 6 W								Lot Size Acreage 6.5

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : 575 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$144,300 \$48,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: septic	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input checked="" type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 38	Width: 28	Height: 18

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain) STORAGE	(28 X 38)	1064
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date: 1/26/2022

Address to send permit: 14295 MCNUGAT RD, CABLE, WI 54821
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed
Original Application MUST be submitted

Back to Tracy - 5-10-22



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

SEE ADDITIONAL ATTACHED INFORMATION

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

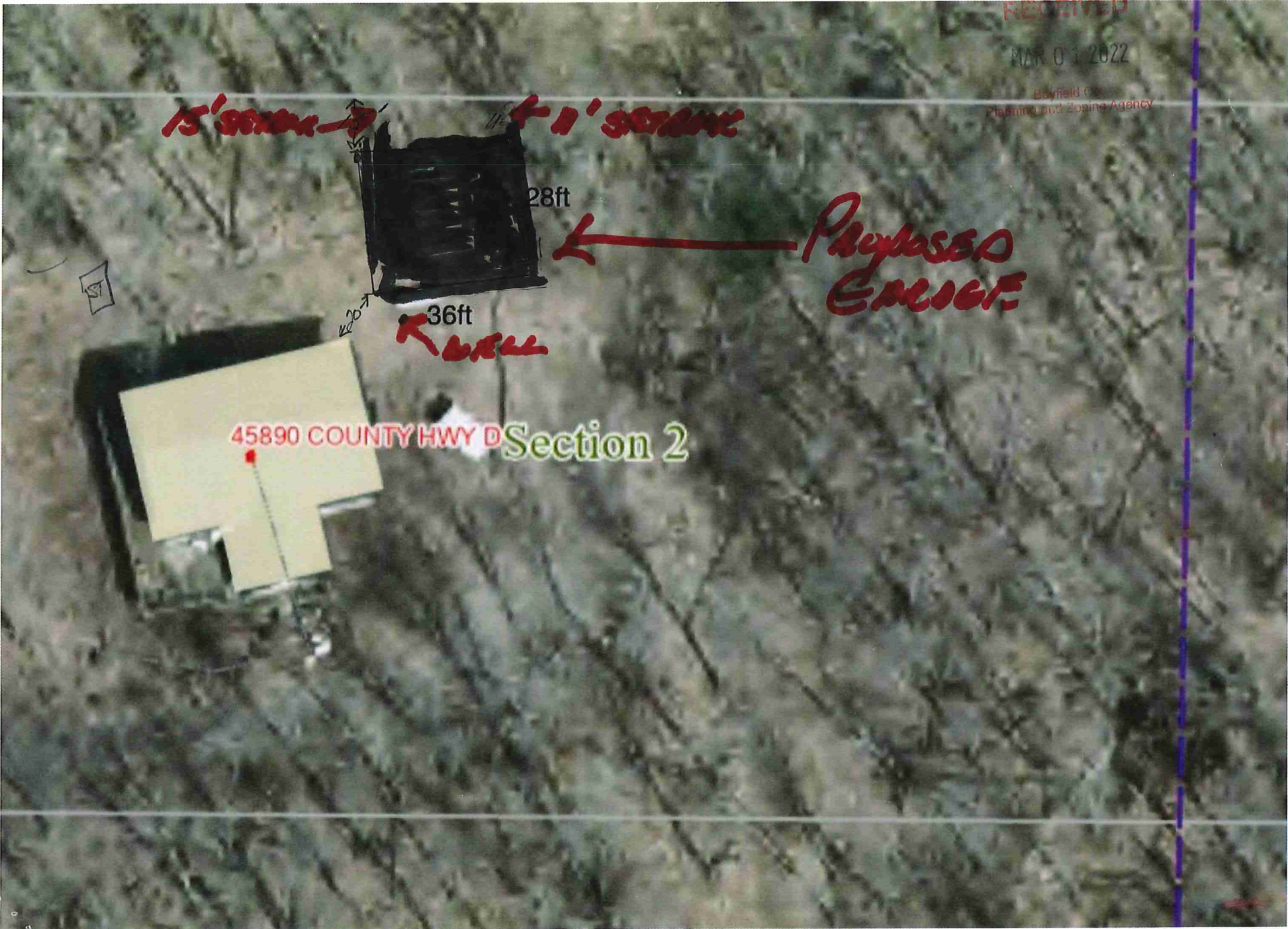
Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	450 Feet		Setback from the Lake (ordinary high-water mark)	525 Feet
Setback from the Established Right-of-Way	419 Feet		Setback from the River, Stream, Creek	5 Feet
			Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	11' Feet			
Setback from the South Lot Line	65' Feet		Setback from Wetland	— Feet
Setback from the West Lot Line	417 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	680 Feet		Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	40 Feet		Setback to Well	4' Feet
Setback to Drain Field	80 Feet			
Setback to Privy (Portable, Composting)	Feet			
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.				
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.				

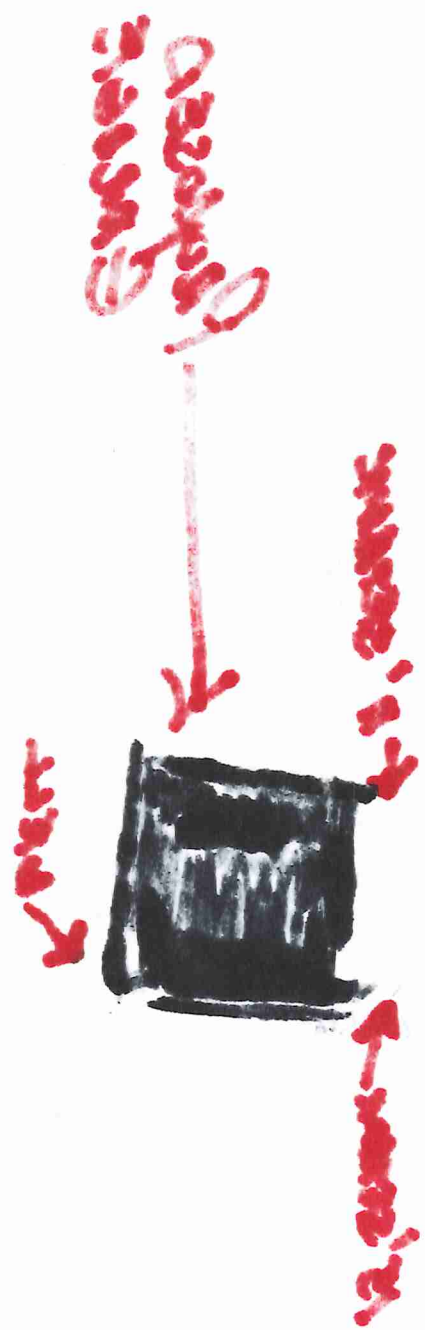
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 298056	# of bedrooms: 3	Sanitary Date: 11/6/97
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0089		Permit #: 6-1-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: 4/7 7# sleeping areas / 4/29 all sites found 3 sleeping areas STAKED				Zoning District (R-1) Lakes Classification ()
Date of Inspection: 5/4		Inspected by:		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) - STORAGE - Not for Human Habitation or sleeping - Maintain all setbacks including eaves & overhangs - If pressurize water enters structure get septic permits (See Card)				
Signature of Inspector: [Signature]				Date of Approval: 5/5/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>





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MAR 01 2022

Bayfield County, WI

Bayfield Co.

Section-35

Section 2

County Hwy D

1

45950 COUNTY HWY D

JAMES A. & NANCY P. ANDERSON
Tax ID# 24306

45940 COUNTY HWY D

683.77'

300.00'

1881.8

MT SUDDERT TO IMPERIOUS SWIMMING

NAMAKABIN LLC
Tax ID# 24301

45890 COUNTY HWY D

Namakagon

GRANITE ROCK LODGE LLC
Tax ID# 24302

45860 COUNTY HWY D

45830 COUNTY HWY D

TODD E. & CARON B. NEWOLD
Tax ID# 24303

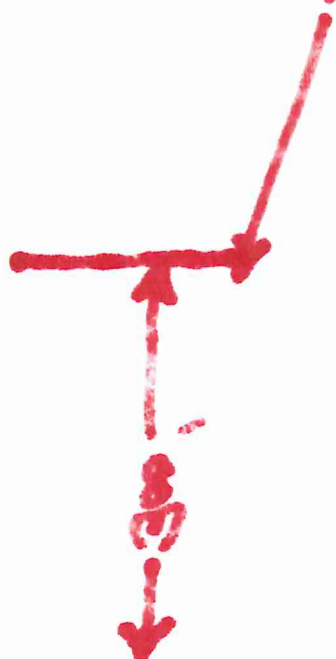
Tax ID# 0

NAMAKAGON LAKE

Planning and Zoning Dept.

2005/05/02
2005/05/02

OK 10:00 AM 7th



Tracy Pooler

From: Karl & Cyndi Kastrosky <kastrosky821@gmail.com>
Sent: Thursday, May 26, 2022 9:07 AM
To: Ruth Hulstrom; Tracy Pooler
Subject: Fwd: Garages

----- Forwarded message -----

From: Mark Kvernén <kvernén@charter.net>
Date: Thu, May 26, 2022, 8:56 AM
Subject: Garages
To: Karl Kastrosky <kastrosky821@gmail.com>

Karl, I read your email to Ruth, thanks for that. Some additional information regarding the boundary stakes that may or may not be helpful; the 1800 foot north boundary line of Namakabin, where the proposed garage site is, has two located corner stakes. It also has at least two boundary stakes, between the two located corner stakes, with one located exactly at the garage location. The entire 1800 foot boundary line has been marked by Lon. The boundary line adjacent to the proposed garage site has been marked with stakes, flags and string.

The 1800 foot south boundary line of Granite Rock Lodge, where the proposed garage site is, also has two located corner stakes. It has at least three boundary stakes, between the two located corner stakes, with one located approximately 60 feet from the garage location. The entire 1800 foot boundary line has been marked by Lon. The boundary line adjacent to the proposed garage site has been marked with stakes, flags and string.

Mark

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MAR 01 2022



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Bayfield Co.
Planning and Zoning AgencySafety and Buildings Division
Bureau of Building Water Systems
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

The information you provide may be used by other government agency programs
[Privacy Law, s. 15.04 (1) (m)].

County <u>Bayfield</u>
State Sanitary Permit Number <u>298056</u>
<input type="checkbox"/> Check if revision to previous application
State Plan I.D. Number

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name <u>Mike & Sandy Weckerly</u>			Property Location <u>NE 1/4 NE 1/4, S 2 T 43, N, R 6 E (or) W</u>		
Property Owner's Mailing Address <u>1958 Bales St.</u>			Lot Number <u>7</u>		Block Number
City, State <u>Sycamore, IL</u>	Zip Code <u>60178</u>	Phone Number ()	Subdivision Name or CSM Number		
II. TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms <u>3</u>			<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town OF <u>Namakagon</u>		Nearest Road <u>Hwy. "D"</u>
III. BUILDING USE: (If building type is public, check all that apply)			Parcel Tax Number(s)		

1 ☐ Apartment / Condo2 ☐ Assembly Hall3 ☐ Campground4 ☐ Church / School5 ☐ Hotel / Motel6 ☐ Medical Facility / Nursing Home7 ☐ Merchandise: Sales / Repairs8 ☐ Mobile Home Park9 ☐ Office / Factory10 ☐ Outdoor Recreational Facility11 ☐ Restaurant / Bar / Dining12 ☐ Service Station / Car Wash13 ☐ Other: specify _____

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. ☒ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing SystemB) ☐ A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution

Pressurized Distribution

Experimental

Other

11 ☒ Seepage Bed21 ☐ Mound30 ☐ Specify Type _____41 ☐ Holding Tank12 ☐ Seepage Trench22 ☐ In-Ground Pressure42 ☐ Pit Privy13 ☐ Seepage Pit43 ☐ Vault Privy14 ☐ System-In-Fill

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (sq. ft.) <u>750</u>	3. Absorp. Area Proposed (sq. ft.) <u>780</u>	4. Loading Rate (Gals/day/sq. ft.) <u>.6</u>	5. Perc. Rate (Min./inch) <u>—</u>	6. System Elev. <u>94.6'</u> Feet	7. Final Grade Elevation <u>97.44'</u> Feet
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VII. TANK INFORMATION	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>1000</u>		<u>1000</u>	<u>1</u>	<u>Rasmussen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) <u>A. Rasmussen & Sons</u>	Plumber's Signature: (No Stamps) <u>[Signature]</u>	MP/MPSW No.: <u>3938</u>	Business Phone Number: <u>(715) 798-3355</u>
Plumber's Address (Street, City, State, Zip Code): <u>P.O. Box 66 Cable, WI 54821</u>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>paid 7-11-97 da</u>	Date Issued <u>7-22-97</u>	Issuing Agent Signature (No Stamps) <u>[Signature]</u> 7-17-97
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X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

PRIVATE SEWAGE SYSTEM
INSPECTION REPORT
(ATTACH TO PERMIT)

County:	Bayfield
Sanitary Permit No.:	298056
State Plan ID No.:	
Parcel Tax No.:	

GENERAL INFORMATION

Permit Holder's Name:	Weckerly, Mike	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of:	Namakagon
CST BM Elev.:	100'	Insp. BM Elev.:	100'
BM Description:			
100 NAIL IN MOHAWK TREE			

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	RASMUSSEN	1000
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	7.3			107.3
Bldg. Sewer			2.58	
St/Ht Inlet			7.58	99.42
St/Ht Outlet			7.75	99.55
Dt Inlet				
Dt Bottom				
Header / Man.			11.80	95.5
Dist. Pipe			11.86	95.44
Bot. System			12.7	94.6
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	25	225	25	225	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer					Demand
Model Number					GPM
TDH	Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length	Dia.	Dist. To Well		

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
	12	65					
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	
	Type Of System:	CONV	25	225	250	4/6	

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length 6' Dia. 4"	Length 62' Dia. 4" Spacing 6'			

SOIL COVER

x Pressure Systems Only xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	32"	Depth Over Bed / Trench Edges	32"	xx Depth Of Topsoil	xx Seeded / Sodded	xx Mulched
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: (Include code discrepancies, persons present, etc.)

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MAR 01 2022

Bayfield Co.
Planning and Zoning Agency

Plan revision required? ☐ Yes ☒ No
Use other side for additional information.
SBD-6710 (R 05/91)

11 6 97
Date


Inspector's Signature

6619
Cert. No.

Mike + Sandy Weckerly
1958 Boles St.
Sycamore, IL 60178

NE, NE, S2, T43N, R6W
LOT # 7

Town of Namakagon
Bayfield County

BM ▲ = 100' @ nail in ribboned
Maple Tree approx. 5' above
Ground Level

Elevations:

$$B_1 = 94.0'$$

B2 = 94.3'

$$B3 = 96.3'$$
$$B4 = 97.44'$$
$$B5 = 97.94'$$

System elev. = 94.6'

Replacement = 92.3'

12' x 65' Bed @ .6 = 780 sq. ft.
(± 32 yds.)

ANDRY RASMUSSEN AND SONS
P.O. Box 66
Cable, WI 54821
(715) 798-3355

Andy L. Rasmussen
MP # 3938

Iron pipe

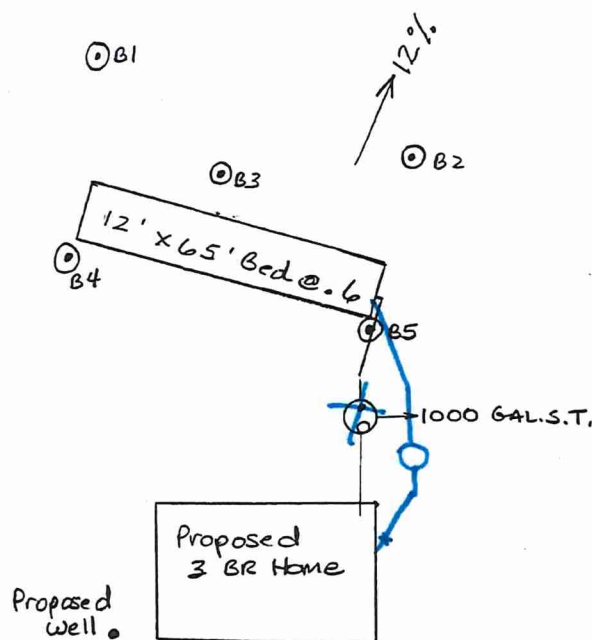
C.T. HWY. "D" EASEMENT Lcne

Scale: $1'' = 40'$

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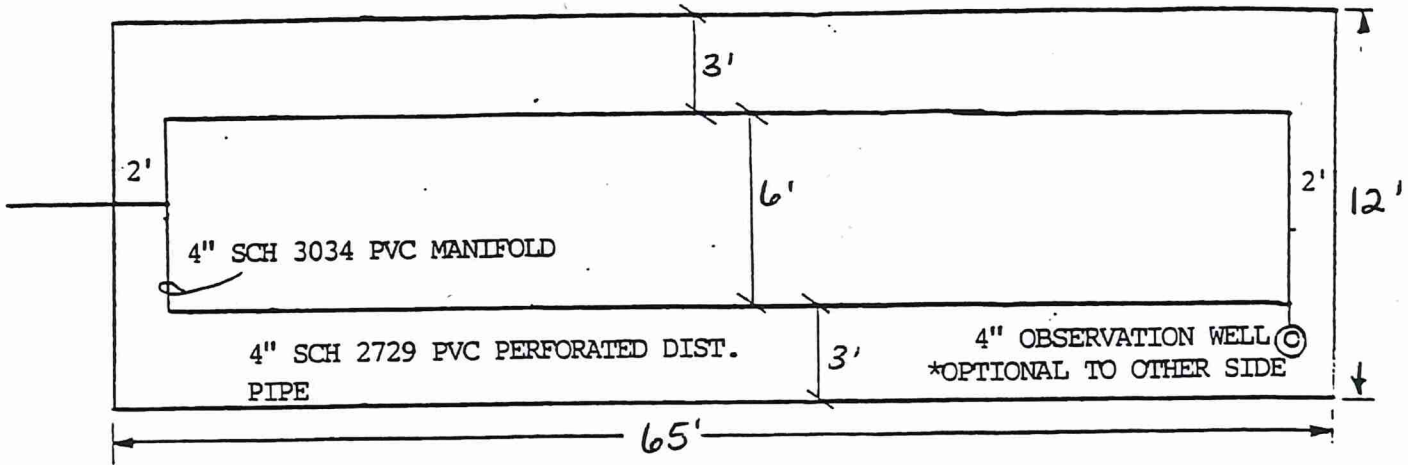
Bayfield Co.
Planning and Zoning Agency



Weckerly

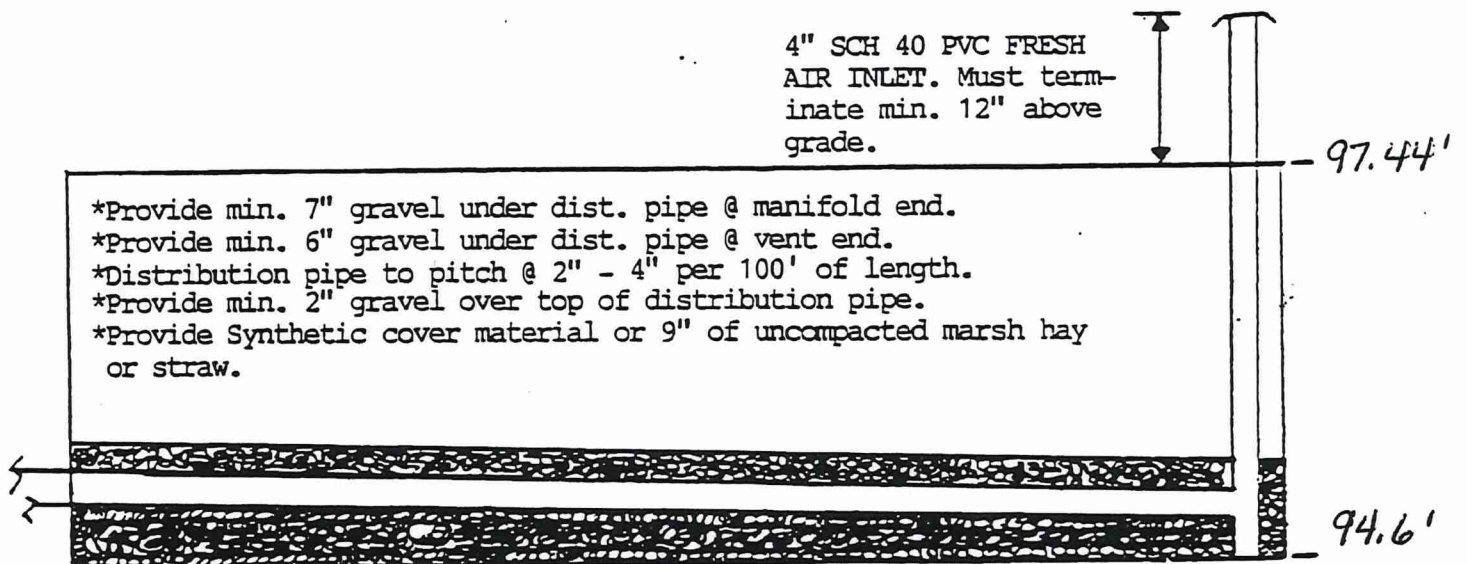
MAR 01 2022

Bayfield Co.
Planning and Zoning Agency



4" SCH 40 PVC FRESH
AIR INLET. Must term-
inate min. 12" above
grade.

- *Provide min. 7" gravel under dist. pipe @ manifold end.
- *Provide min. 6" gravel under dist. pipe @ vent end.
- *Distribution pipe to pitch @ 2" - 4" per 100' of length.
- *Provide min. 2" gravel over top of distribution pipe.
- *Provide Synthetic cover material or 9" of uncompacted marsh hay or straw.



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JUL 11 1997

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Bayfield Co.

Planning and Zoning Agency

Safety and Buildings Division
Bureau of Building Water Systems
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

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County	Bayfield
State Sanitary Permit Number	298056
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	

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City, State Sycamore, IL	Zip Code 60178	Phone Number ()	Subdivision Name or CSM Number		
II. TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned			<input type="checkbox"/> City		Nearest Road
<input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms 3			<input type="checkbox"/> Village		HWY. "D"
			<input checked="" type="checkbox"/> Town OF Nama Kagon		
III. BUILDING USE: (If building type is public, check all that apply)			Parcel Tax Number(s)		

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Apartment / Condo | 6 <input type="checkbox"/> Medical Facility / Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall | 7 <input type="checkbox"/> Merchandise: Sales / Repairs | 11 <input type="checkbox"/> Restaurant / Bar / Dining |
| 3 <input type="checkbox"/> Campground | 8 <input type="checkbox"/> Mobile Home Park | 12 <input type="checkbox"/> Service Station / Car Wash |
| 4 <input type="checkbox"/> Church / School | 9 <input type="checkbox"/> Office / Factory | 13 <input type="checkbox"/> Other: specify _____ |
| 5 <input type="checkbox"/> Hotel / Motel | | |

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. <input checked="" type="checkbox"/> New System	2. <input type="checkbox"/> Replacement System	3. <input type="checkbox"/> Replacement of Tank Only	4. <input type="checkbox"/> Reconnection of Existing System	5. <input type="checkbox"/> Repair of an Existing System
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____				

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input checked="" type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day 450	2. Absorp. Area Required (sq. ft.) 750	3. Absorp. Area Proposed (sq. ft.) 780	4. Loading Rate (Gals/day/sq. ft.) .6	5. Perc. Rate (Min./inch) —	6. System Elev. 94.6' Feet	7. Final Grade Elevation 97.44' Feet
---------------------------	---	---	--	--------------------------------	-------------------------------	---

VII. TANK INFORMATION	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1600		1000	1	Rasmussen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) A. Rasmussen & Sons	Plumber's Signature: (No Stamps) 	MPA/PPRSW No.: 3938	Business Phone Number: (715) 798-3355
Plumber's Address (Street, City, State, Zip Code): P.O. Box 66 Cable, WI 54821			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) Paid 7-11-97 da	Date Issued 7-22-97	Issuing Agent Signature (No Stamps) 7-17-97
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

NORTH COUNTRY

VACATION RENTALS

Re: Namakabin – Mark and Carol Kvernen

To Whom it May Concern,

This is a letter stating that on 3/29/2022 the advertising for the rental cabin known as Namakabin was changed from a 5 bedroom rental to a 3 bedroom rental. The cabin is located at 45890 County Hwy D in the town of Namakagon, County of Bayfield. Tax I.D.24301.

Thank-you,

Cyndi Kastrosky

North Country Vacation Rentals

www.northcountryvacationrentals.net

info@northcountryvacationrentals.net

715-798-2252

RECEIVED

MAR 01 2022

Bayfield Co.
Planning and Zoning Agency



Karl Kastrosky
Land Development & Zoning Consultant

14295 McNaught Rd. Cable, WI 54821

715-580-0157

Kastrosky821@gmail.com

To Whom it may concern,

I hereby authorize **Karl Kastrosky** to act as my agent to procure permits and

access information pertaining to my property at 45890 Hwy D

in the Town of Nauvau County of Bayfield

Carl J. Kverner

Signature

Mark W. Kverner

Date

1/26/2022

My contact information is:

Address: NAUVAU LLC. E7372 COLLODY CT.

REEDSBURG, WI 53959

Phone: 608-393-1990

Email: Kverner@charter.net

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:
Namakabin

Search Records

[Search](#)
[Advanced Search](#)
[Name Availability](#)

Corporate Records

Result of lookup for **N047659** (at 5/17/2022 12:58 PM)

NAMAKABIN, LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID	N047659
Registered Effective Date	09/05/2017
Period of Existence	PER
Status	Organized Request a Certificate of Status
Status Date	09/05/2017
Entity Type	Domestic Limited Liability Company
Annual Report Requirements	Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent Office	CAROL KVERNEN E7377 CALLOWAY CT REEDSBURG , WI 53959-9620 File a Registered Agent/Office Update Form
Principal Office	E7377 CALLOWAY CT REEDSBURG , WI 53959-9620

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2021	000	0000	online	database
2020	000	0000	online	database
2019	000	0000	online	database
2018	000	0000	online	database

[File an Annual Report](#) - [Order a Document Copy](#)

Certificates of Newly-elected Officers/Directors	None
--	------

Old Names

None

Chronology

Effective Date	Transaction	Filed Date	Description
09/05/2017	Organized	09/05/2017	E-Form
07/17/2019	Change of Registered Agent	07/17/2019	OnlineForm 5

[Order a Document Copy](#)



SCALE - 1" = 100'

• EX IRON SURVEY MONUMENTS

+ SET 1" x 24" IRON PIPE MON.
MIN. WT 113 LBS/LIN. FT.

BEARINGS ARE BASED ON DEPENDENT RE-SURVEY
BY THE DEPARTMENT OF THE INTERIOR,
OCT. 29, 1920, NORTH LINE OF SEC. 2
BEARING S89°-31'E.



SCALE - 1" = 100'

LAKE

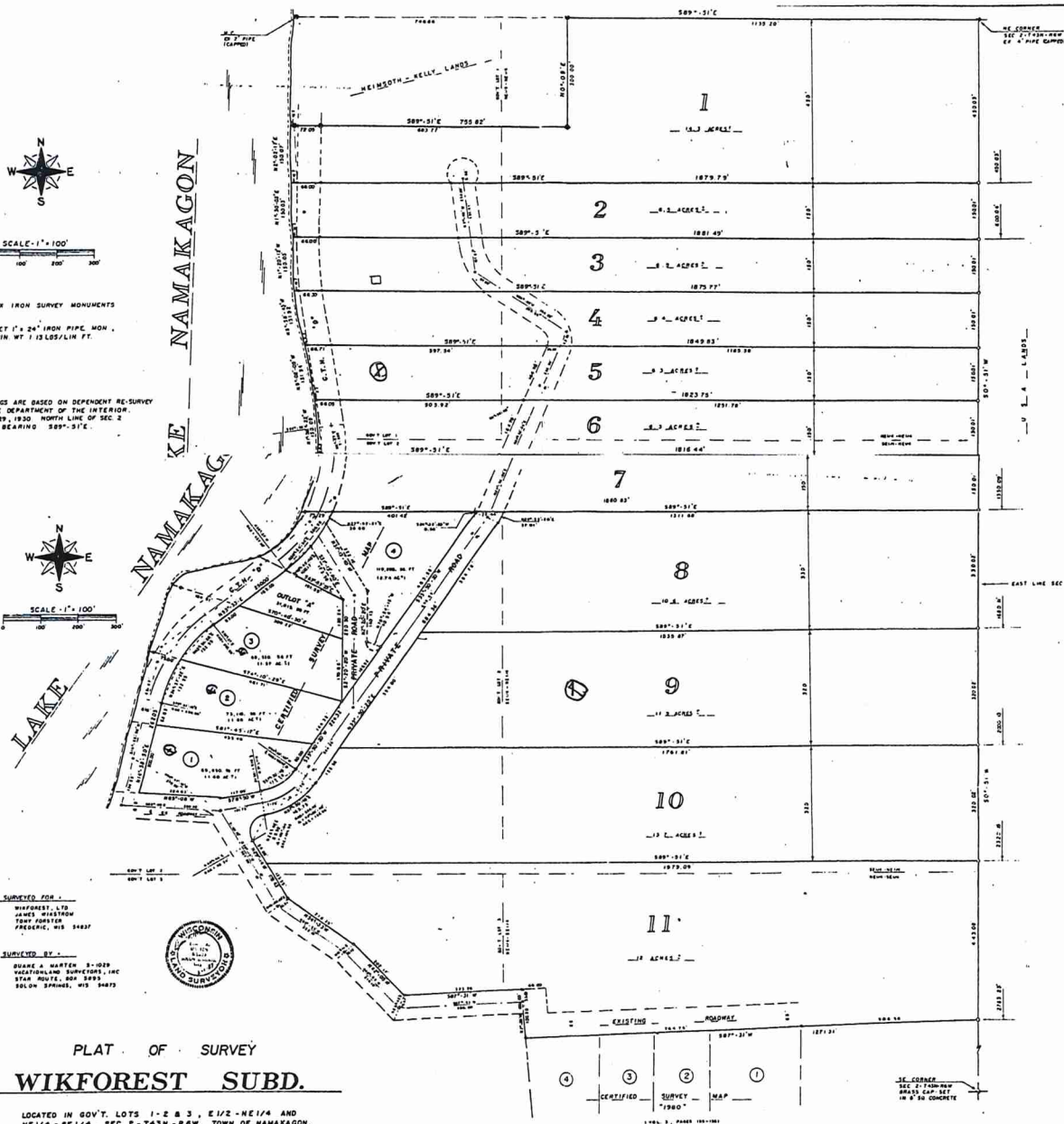
SURVEYED FOR -
WIKIFOREST, LTD.
JAMES WIKSTROM
TOWN FORSTER
FREDERIC, WIS 54637

SURVEYED BY -
DUANE A. MARTEN S-1029
REGISTERED SURVEYOR, INC.
STAR ROUTE, BOX 5895
DULON SPRING, WIS 54632



PLAT OF SURVEY
WIKIFOREST SUBD.

LOCATED IN GOV'T. LOTS 1-2 & 3, E 1/2 - NE 1/4 AND
NE 1/4 - SE 1/4, SEC. E-743N - R6W, TOWN OF NAMAKAGON,
BAYFIELD COUNTY, WIS.



Description		Updated: 10/11/2017
Tax ID:	24301	
PIN:	04-034-2-43-06-02-1 01-000-20000	
Legacy PIN:	034104001000	
Map ID:		
Municipality:	(034) TOWN OF NAMAKAGON	
STR:	S02 T43N R06W	
Description:	A PAR IN NE NE IN DOC 2017R-570280	
	296	
Recorded Acres:	6.500	
Calculated Acres:	6.529	
Lottery Claims:	0	
First Dollar:	Yes	
Zoning:	(R-1) Residential-1	
ESN:	123	

Tax Districts		Updated: 3/15/2006
1	STATE	
04	COUNTY	
034	TOWN OF NAMAKAGON	
041491	SCHL-DRUMMOND	
001700	TECHNICAL COLLEGE	

Recorded Documents		Updated: 3/15/2006
WARRANTY DEED		
Date Recorded: 10/5/2017	2017R-570280	
CONVERSION		
Date Recorded:	471-210;623-217	


Ownership		Updated: 10/11/2017
NAMAKABIN LLC		REEDSBURG WI

Billing Address:
NAMAKABIN LLC
E7377 CALLOWAY CT
REEDSBURG WI 53959

Mailing Address:
NAMAKABIN LLC
E7377 CALLOWAY CT
REEDSBURG WI 53959

Site Address * indicates Private Road
45890 COUNTY HWY D

2/25/22
CORRECTED
BY FRANKIE
CLAM LAKE 54517



Property Assessment

Updated: 5/15/2018

2021 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	6.500	127,500	224,900
2-Year Comparison			
	2020	2021	Change
Land:	127,500	127,500	0.0%
Improved:	224,900	224,900	0.0%
Total:	352,400	352,400	0.0%

Property History
N/A

RECEIVED
MAR 01 2022
Bayfield Co.
Planning and Zoning Agency

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. **22-0089** Issued To: **Namakabin LLC**

A parcel in the
Location: **NE ¼ of NE ¼ Section 2 Township 43 N. Range 6 W. Town of Namakagon**
Doc 2017R-570280

Gov't Lot Lot Block Subdivision CSM#

Residential Structure in R-1 zoning district
For: **Accessory: [1- Story]; Storage Structure (38' x 28') = 1,064 sq. ft. Height of 18'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

June 1, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
APR 11 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0088 ENTERED
Date:	6-1-2022
Amount Paid:	B1864-28-22 Res Acc Bldg F16
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Mark Kvernien	Mailing Address: E7377 Galloway Court Reedsburg, WI 53959	City/State/Zip: Reedsburg, WI 53959	Telephone: 608-393-1990
Address of Property: 45860 County Hwy D	City/State/Zip: Cable, WI 54821	Cell Phone: 608-393-1990	
Email: (print clearly) Kvernien@charter.net	Contractor: SILVERMAN BUILDERS		
Contractor Phone: 320-679-3438	Plumber: _____	Plumber Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) TAPAL HASTROSKY	Agent Phone: 715-580-0157	Agent Mailing Address (include City/State/Zip): 14295 MCNAUGHT RD CABLE, WI 54821	Written Authorization Required (for Agent)
PROJECT LOCATION 1/4, NE 1/4	Legal Description: (Use Tax Statement) S150-8-11-250-9	Tax ID# 24302	Recorded Document: (Showing Ownership) 2018R 57311
Section 02, Township 53 N, Range 6 W	Town of: NASHUA	Lot Size 150' x 600'	Acreage 6.522

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : 425 feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$18.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
\$62,000	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 62	Width: 38	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) STORAGE	(38 X 62)	2356
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 14295 MCNAUGHT RD CABLE, WI 54821

Date _____

Date 4/8/2022

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

Back to Tracy 5-10-22



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	385	Feet		Setback from the Lake (ordinary high-water mark)	42.5	Feet
Setback from the Established Right-of-Way	340	Feet		Setback from the River, Stream, Creek	—	Feet
				Setback from the Bank or Bluff	—	Feet
Setback from the North Lot Line	90	Feet				
Setback from the South Lot Line	12	Feet		Setback from Wetland	—	Feet
Setback from the West Lot Line	340	Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	100	Feet		Elevation of Floodplain	—	Feet
Setback to Septic Tank or Holding Tank	150	Feet		Setback to Well	300	Feet
Setback to Drain Field	156	Feet				
Setback to Privy (Portable, Composting)		Feet				
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.						
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.						

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

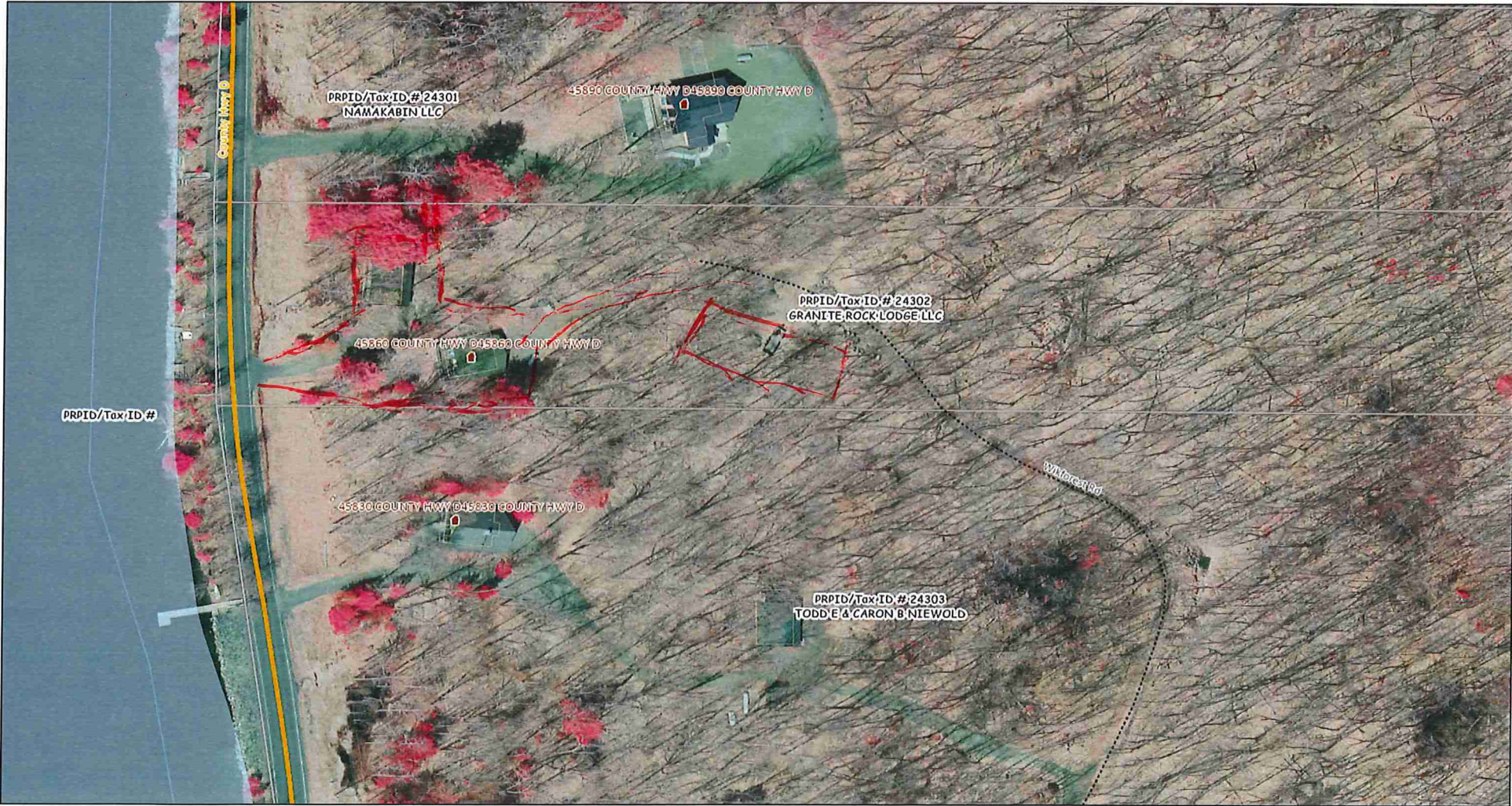
NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 120962	# of bedrooms: 2	Sanitary Date: 7/12/94	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0088		Permit Date: 6-1-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: STAGED		Zoning District (R-1)			
		Lakes Classification ()			
Date of Inspection: 5/4		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
- STORAGE Not for Human Habitation or Sleeping					
- If pressurized water enters structure get septic permits (see card)					
- Maintain setbacks including eaves & overhangs					
Signature of Inspector: [Signature]				Date of Approval: 3/5/22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Bayfield County, WI



5/2/2022, 12:23:37 PM

- Rivers

Approximate Parcel Boundary

Road Type

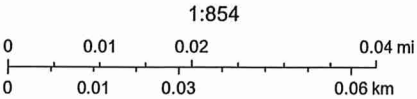
County

Private
- Flood Plain Boundaries Active Dec 16th, 2011

AE = Base floodplain where base flood elevations are provided.

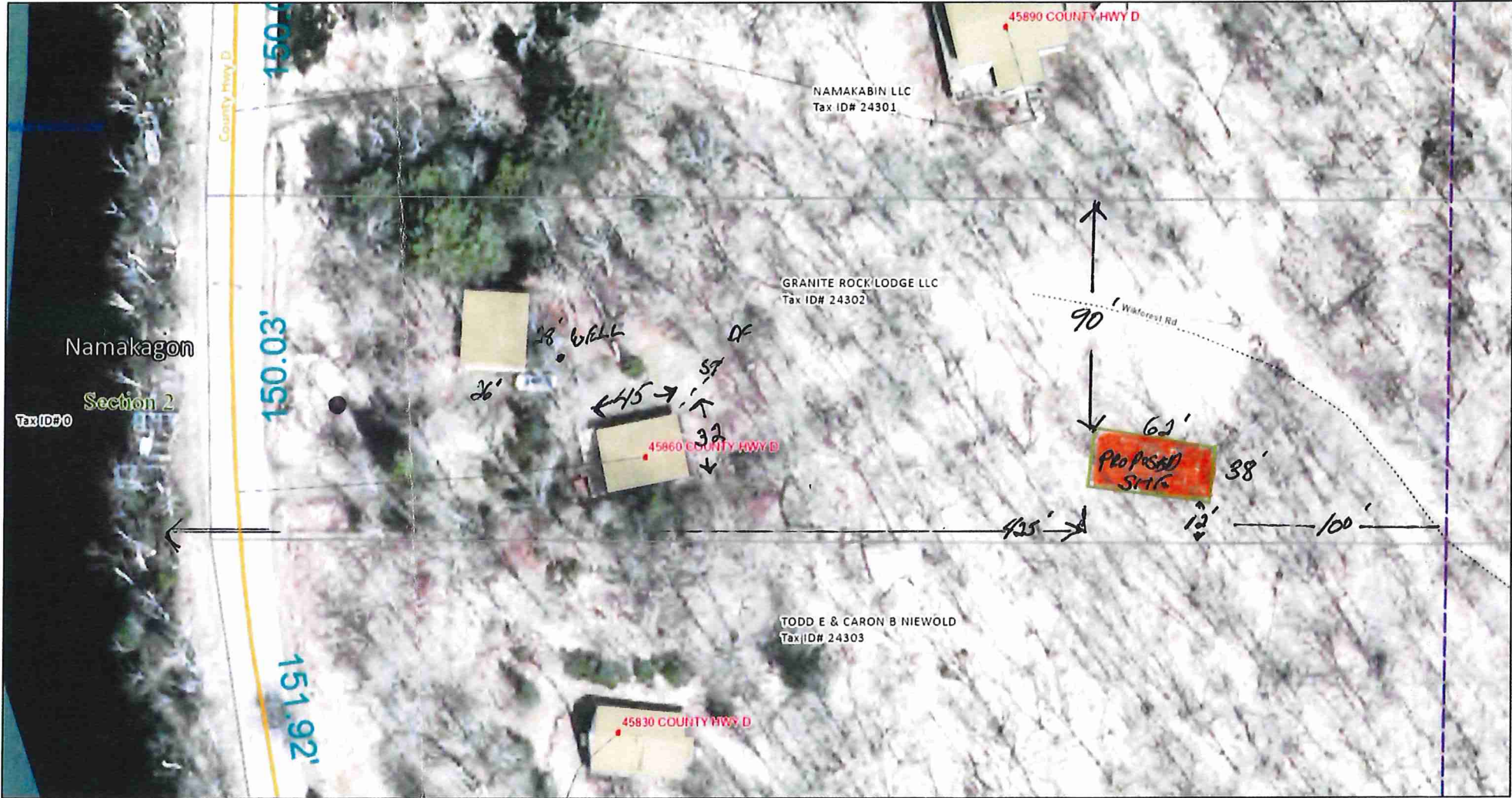
Building Footprint 2015

Building



Bayfield County Land Records Department

Bayfield County, WI



3/31/2022, 1:23:06 PM

- | | | | |
|---------------|-----------------------------|----------------|------------------------------|
| Override 1 | Approximate Parcel Boundary | All Roads | Building Footprint 2009-2015 |
| Rivers | Section Lines | County | Existing |
| Lakes | Government Lot | Private | Driveways |
| Meander Lines | Municipal Boundary | Survey Maps | Buildings |
| | | UnRecorded Map | |

RECEIVED
APR 11 2022

Bayfield Co.
Planning and Zoning Agency

Bayfield County Land Records Department
<https://maps.bayfieldcounty.wi.gov/BayfieldWAB/>

Tracy Pooler

From: Karl & Cyndi Kastrosky <kastrosky821@gmail.com>
Sent: Thursday, May 26, 2022 9:07 AM
To: Ruth Hulstrom; Tracy Pooler
Subject: Fwd: Garages

----- Forwarded message -----

From: **Mark Kvern** <kvern@charter.net>
Date: Thu, May 26, 2022, 8:56 AM
Subject: Garages
To: Karl Kastrosky <kastrosky821@gmail.com>

Karl, I read your email to Ruth, thanks for that. Some additional information regarding the boundary stakes that may or may not be helpful; the 1800 foot north boundary line of Namakabin, where the proposed garage site is, has two located corner stakes. It also has at least two boundary stakes, between the two located corner stakes, with one located exactly at the garage location. The entire 1800 foot boundary line has been marked by Lon. The boundary line adjacent to the proposed garage site has been marked with stakes, flags and string.

The 1800 foot south boundary line of Granite Rock Lodge, where the proposed garage site is, also has two located corner stakes. It has at least three boundary stakes, between the two located corner stakes, with one located approximately 60 feet from the garage location. The entire 1800 foot boundary line has been marked by Lon. The boundary line adjacent to the proposed garage site has been marked with stakes, flags and string.

Mark

RECEIVED

APR 11 2022

Bayfield Co.
Planning and Zoning Agency



Kastrosky821 LLC

Karl Kastrosky

Land Development & Zoning Consultant

715-580-0157

14295 McNaught Rd, Cable WI 54821

Kastrosky821@gmail.com

To Whom it may concern,

I hereby authorize **Karl Kastrosky** to act as my agent to procure permits and access information pertaining to my property at 45860 County Hwy D in the Town of Namakagon County of Bayfield.

Blank Green
Signature

03/29/2022
Date 3-29-22

My contact information is:

Address: _____

Phone: 608-393-1990

Email: _____



SCALE - 1" = 100'

• EX IRON SURVEY MONUMENTS

• SET 1" x 24" IRON PIPE MON. MIN WT 1.13 LBS/LIN FT.

BEARINGS ARE BASED ON DEPENDENT RE-SURVEY BY THE DEPARTMENT OF THE INTERIOR OCT. 29, 1930 NORTH LINE OF SEC. 2 BEARING S89°-31'E



SCALE - 1" = 100'

LAKE

SURVEYED FOR:

WIKFOREST, LTD.
JAMES WIKSTROM
TOMMY HUSTON
FREDERIC, WIS 54837

SURVEYED BY:

DUANE A. HARTEN R-1029
WISCONSIN LAND SURVEYORS, INC.
2140 ROUTE 2, BOX 5895
SOLON SPRINGS, WIS 54873



PLAT OF SURVEY

WIKFOREST SUBD.

LOCATED IN GOV'T. LOTS 1-2 & 3, E 1/2 - NE 1/4 AND NE 1/4 - SE 1/4, SEC. 2 - T43N - R6W, TOWN OF NAMAKAGON, DAVENPORT COUNTY, WIS.

NAMAKAGON

NAMAKAGON

LAKE

SURVEYED FOR:

WIKFOREST, LTD.
JAMES WIKSTROM
TOMMY HUSTON
FREDERIC, WIS 54837

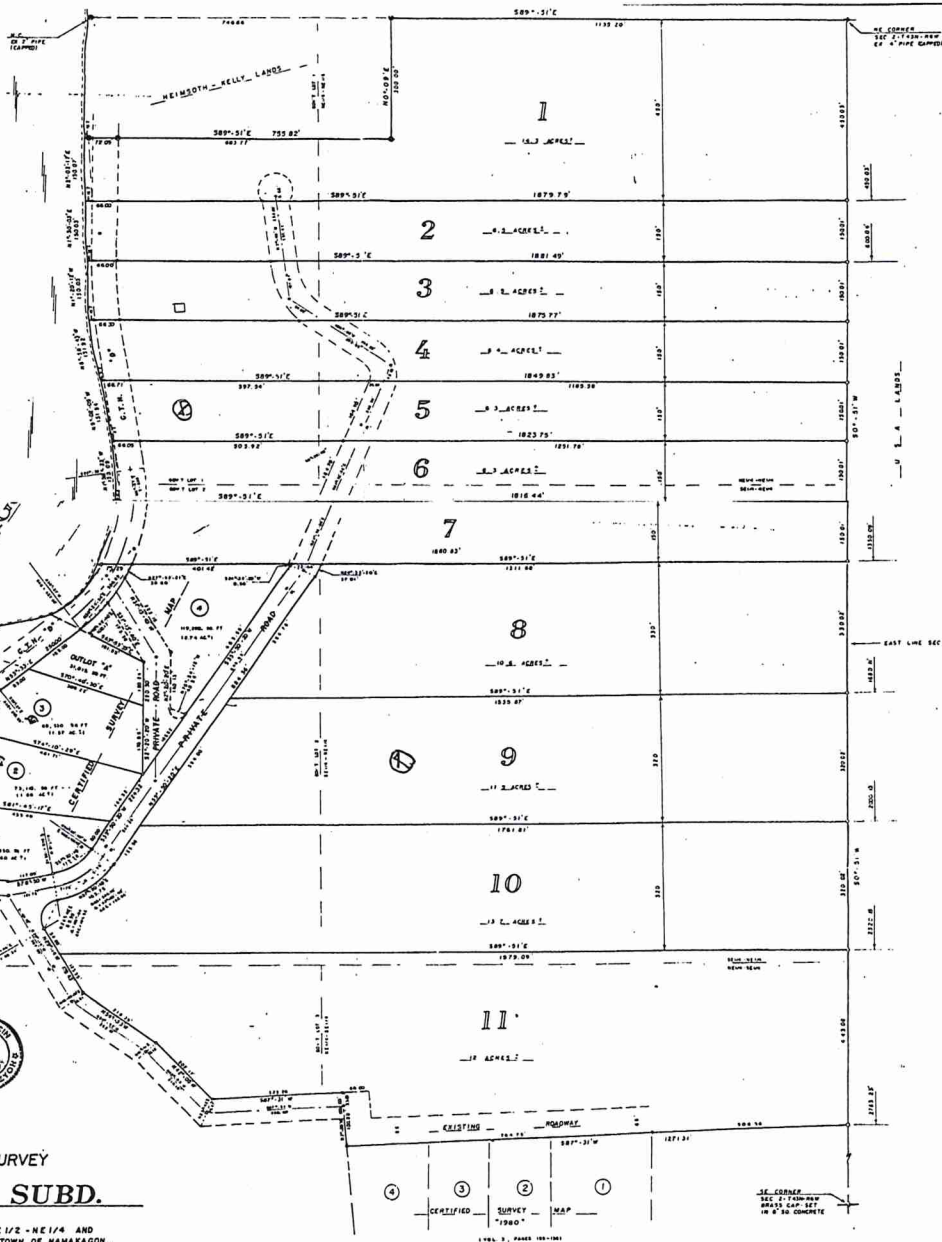
SURVEYED BY:

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Real Estate Bayfield County Property Listing

Today's Date: 4/28/2022

Property Status: Current

Created On: 3/15/2006 1:15:47 PM



Description

Updated: 6/6/2018

Tax ID: 24302
PIN: 04-034-2-43-06-02-1 01-000-30000
Legacy PIN: 034104001990
Map ID:
Municipality: (034) TOWN OF NAMAKAGON
STR: S02 T43N R06W
Description: S 150' OF N 750' OF GOVT LOT 1 & THE FRACTIONAL NE NE IN DOC 2018R-573111 (LOT 3)

Recorded Acres: 6.500
Calculated Acres: 6.522
Lottery Claims: 0
First Dollar: Yes
Zoning: (R-1) Residential-1
ESN: 123



Tax Districts

Updated: 3/15/2006

1 STATE
04 COUNTY
034 TOWN OF NAMAKAGON
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 6/1/2018

2018R-573111

CONVERSION

Date Recorded:

496217 717-334;725-131;907-863

TRUSTEES DEED

Date Recorded: 12/6/2004

2004R-496217 907-863



Ownership

Updated: 6/6/2018

GRANITE ROCK LODGE LLC

REEDSBURG WI

Billing Address:

GRANITE ROCK LODGE LLC
E7377 CALLOWAY CT
REEDSBURG WI 53959

Mailing Address:

GRANITE ROCK LODGE LLC
E7377 CALLOWAY CT
REEDSBURG WI 53959



Site Address * indicates Private Road

45860 COUNTY HWY D

CABLE 54821



Property Assessment

Updated: 4/1/2020

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	6.500	113,200	101,800

2-Year Comparison

	2021	2022	Change
Land:	113,200	113,200	0.0%
Improved:	101,800	101,800	0.0%
Total:	215,000	215,000	0.0%



Property History

N/A

220962

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. **22-0088** Issued To: **Granite Rock Lodge LLC**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **2** Township **43** N. Range **6** W. Town of **Namakagon**

S 150' of N 750' of

Gov't Lot **1** Lot Block Subdivision CSM#

And the fractional NE NE in Doc 2018R-573111

Residential Structure in R-1 zoning district

For: **Accessory: [1- Story]; Storage Structure (62' x 38') = 2,356 sq. ft. Height of 16'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

June 1, 2022

Date